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PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. MI22-1904 First Inventor or Application Identifier Michael Nuttall

Methods of Forming a Capacitor

| (Only for new | nonprovisional applications under 37 C F | R. § 1 53(b)) Exp | ress Mail Label No. | EV026160 | 0720 | ם ב | |
|--|--|---|--------------------------------|--|---|--------------|--|
| | APPLICATION ELEMENTS hapter 600 concerning utility patent applic | ation contents | ADDRESS | S TO: Box Paten | Commissioner for Patents at Application on DC 20231 | 7.10 0.10 | |
| 1. X (s) 2. X S) (p) -12344. Oath or -4567777777777 | Fee Transmittal Form (e.g., PTO/Submit an original and a duplicate for fee pecification [Total preferred arrangement set forth below] Descriptive title of the Invention +t Cross References to Related Applic Statement Regarding Fed sponsore Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if Detailed Description Claim(s) Abstract of the Disclosure rawings) (35 U.S.C. 113) [Total Scalings] Newly executed (original or compared to the period of the | GB/17) processing) Pages 34] sitle page ations dR & D filed) pages 5] filed) filed) | 6. Nucleotide (if applicable a | and/or Amino Acide, all necessary) Computer Reactive Paper Copy (ide Statement verify MPANYING AF IMPANYING A | Program (Appendix) d Sequence Submission dable Copy entical to computer copy) ying identity of above copie PPLICATION PARTS over sheet & document(s)) ement Power of Attorney cument (if applicable) Copies of IDS citations at d (MPEP 503) itemized) attement filed in prior applicatus still proper and desire by Document(s) ined) i.e. amount of \$740.00 | eation | |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. Continuation X Divisional Continuation-in-part (CIP) of prior application No 09/843, \$\frac{16}{2}\$ Prior application information: Examiner K. Christianson Group / Art Unit 2813 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | |
| | 17. C | ORRESPOND | ENCE ADDRESS | | | | |
| Custom | | 21567 Customer No. or Att | ach bar code label here | or 🗖 co | orrespondence address below | | |
| Name | Mark S. Matkin Wells St. John P.S. | · · · · · · · · · · · · · · · · · · · | | | | | |
| Address | 601 W. First Ave., Suite 1300 | | | | | | |
| City | Spokane | State | WA | Zıp Code | 99201-3828 | - | |
| Country | | Telephone | 509-624-4276 | Fax | 509-838-3424 | | |
| Name (P | Print/Type) Mark S Matkin | | Registration N | | 22 269 | eg | |

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| Complete if Known | | | | | |
| Application Number | 09/843,116 | | | | |
| Filing Date | April 24, 2001 | | | | |
| First Named Inventor | Michael Nuttall | | | | |
| Examiner Name | K. Christianson | | | | |
| Group / Art Unit | 2813 | | | | |
| Attorney Docket No. | MI22-1904 | | | | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | |
|--|--|----------|--|--|--|--|
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | 3. ADDITIONAL FEES | | | | | |
| | Large Entity Small Entity Fee | | | | | |
| Deposit Account 23-0925 | Code (\$) Code (\$) | Fee Paid | | | | |
| Number 23 0725 | 105 130 205 65 Surcharge - late filing fee or oath | 0.00 | | | | |
| Deposit Account | 127 50 227 25 Surcharge - late provisional filing fee or cover sheet. | 0.00 | | | | |
| Name Wells St. John | 139 130 139 130 Non-English specification | 0.00 | | | | |
| Charge Any Additional Fee Required Under 37 CFR §§ 1 16 and 1 17 | 147 2,520 147 2,520 For filing a request for reexamination | 0.00 | | | | |
| | 112 920* 112 920* Requesting publication of SIR prior to Examiner action | 0.00 | | | | |
| 2. X Payment Enclosed: X Check Order Other | 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action | 0.00 | | | | |
| FEE CALCULATION | 115 110 215 55 Extension for reply within first month | 0 00 | | | | |
| | 116 380 216 190 Extension for reply within second month | 0 00 | | | | |
| 1. BASIC FILING FEE Large Entity Small Entity | 117 870 217 435 Extension for reply within third month | 0 00 | | | | |
| Fee Fee Fee Fee Description | 118 1,360 218 680 Extension for reply within fourth month | 0.00 | | | | |
| Code (\$) Code (\$) Fee Paid 101 690 201 345 Utility filing fee 740 00 | 128 1,850 228 925 Extension for reply within fifth month | 0.00 | | | | |
| 106 310 206 155 Design filing fee 740.00 | 119 300 219 150 Notice of Appeal | 0.00 | | | | |
| 107 480 207 240 Plant filing fee | 120 300 220 150 Filing a brief in support of an appeal | 0 00 | | | | |
| 108 690 208 345 Reissue filing fee | 121 260 221 130 Request for oral hearing | 0 00 | | | | |
| 114 150 214 75 Provisional filing fee | 138 1,510 138 1,510 Petition to institute a public use proceeding | 0 00 | | | | |
| | 140 110 240 55 Petition to revive - unavoidable | 0.00 | | | | |
| SUBTOTAL (1) (\$) 740.00 | 141 1,210 241 605 Petition to revive - unintentional | 0.00 | | | | |
| 2. EXTRA CLAIM FEES | 142 1,210 242 605 Utility issue fee (or reissue) | 0.00 | | | | |
| Fee from Ext <u>ra Claims below Fee Paid</u> | 143 430 243 215 Design issue fee | 0 00 | | | | |
| Total Claims 8 -20** = 0 X = 0 | 144 580 244 290 Plant issue fee | 0.00 | | | | |
| Independent 2 - 3** = 0 × =0 | 122 130 122 130 Petitions to the Commissioner | 0 00 | | | | |
| Multiple Dependent =0 | 123 50 123 50 Petitions related to provisional applications | 0.00 | | | | |
| **or number previously paid, if greater, For Reissues, see below Large Entity Small Entity | 126 240 126 240 Submission of Information Disclosure Stmt | 0.00 | | | | |
| Fee Fee Fee Fee Description | 581 40 581 40 Recording each patent assignment per | 0.00 | | | | |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 | property (times number of properties) | 0.00 | | | | |
| 102 78 202 39 Independent claims in excess of 3 | (37 CFR § 1 129(a)) | 0.00 | | | | |
| 104 260 204 130 Multiple dependent claim, if not paid | 149 690 249 345 For each additional invention to be examined (37 CFR § 1 129(b)) | 0.00 | | | | |
| 109 78 209 39 ** Reissue independent claims over original patent | Other fee (specify) | 0.00 | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | Other fee (specify) | 0.00 | | | | |
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| SUBMITTED BY Complete (if applicable) | | | | | | |

Registration No Name (Print/Type) Mark S. Matkin Telephone 32,268 509-624-4276 (Attorney/Agent) Signature Date WARNING:

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